MARYLAND HEALTH CARE COMMISSION

GROSS AND NET 2017 BED NEED PROJECTIONS FOR ACUTE REHABILITATION BEDS HEALTH PLANNING REGION

In accordance with COMAR 10.24.09.05, the Maryland Health Care Commission (MHCC) publishes the following notice of regional gross and net bed need for acute rehabilitation beds. These regional bed need projections will apply in the review of Certificate of Need (CON) applications acted on by MHCC. Published projections of gross bed need remain in effect until MHCC publishes updated acute rehabilitation bed need projections. Projections of net bed need can change during the interim between updates of the bed need projections as a result of changes in the number of licensed acute rehabilitation beds.

The following projections are the same as those published in the Maryland Register on June 27, 2014 with one exception. That published bed need projection incorrectly identified the current licensed bed capacity for Montgomery County as 77 beds. The correct current licensed bed capacity of Montgomery County is 87 beds.

Gross and Net Bed Need Projections for Acute Rehabilitation Beds: Maryland, 2017							
Health Planning Region	Minimum Occupancy Standard	Range	Total Days Projected	Current Licensed Bed Capacity	Available Bed Days	Gross Bed Need Range	Net Bed Need Range
		minimum	70,110			246	-31
Central	0.78	maximum	85,006	-2 <i>77</i>	101,105	298	21
		minimum	14,224			52	-22
Eastern Shore	0.75	maximum /	25,857	74	27,010	87	13
		minimum	20,283	fater, a	مهد	69	-18
Montgomery	0.80	maximum /	32,915	87	31,755	113	26
		miningm	5,112			19	-9
Southern	0.75	maximum	25.618	28	10,220	94	66
		minimum 🔻 🔝	10,488			38	5
Western	0.75	maximum	12,673	54 1 2 7	12,045	46	13

Notes: For CY2012, all discharges from Adventist Rehabilitation Hospital are counted as acute rehabilitation cases, even though the nature of admission or type of daily service may be listed as unknown or other. Staff obtained corrected information from the Hospital, after noting an unusually low number of acute rehabilitation discharges as compared to CY2011 and CY2013. In addition, for CY2012, for Adventist Rehabilitation Hospital, rather than relying on the county code to define patient origin, the zip code field should be used. Otherwise, many discharges will be labeled as being from an unknown county. For Union Memorial Hospital, for CY2009-CY2012, acute rehabilitation discharges are defined by the standard criteria, and in addition, records with a DRG of 462, 945, or 946, and nature of admission coded as 9 are included as acute rehabilitation discharges.

Sources: MHCC staff analysis of HSCRC discharge abstract data CY2008-CY20012; District of Columbia discharge abstract data CY2008-CY2012; information submitted by Adventist Rehabilitation hospital regarding CY2012 data; and information provided by Union Memorial Hospital regarding CY2009-CY2012; Population data from the Maryland Department of Planning; Population data from the U.S. Census or respective state agencies responsible for official population projections were used for Virginia, West Virginia, Pennsylvania, and Delaware; For the District of Columbia, population projections for 2010-2017 are based on projections created by the University of Virigina Weldon Cooper Center because official population projections were not available through the U.S. Census or a District of Columbia government agency. Bed Capacity information is from the Annual Report on Selected Maryland Acute Care and Special Hospital Services, FY2014.

The Central Region is comprised of Baltimore City and Anne Arundel, Baltimore, Carroll, Cecil, Harford and Howard Counties. The Eastern Shore is comprised of Caroline, Dorchester, Kent, Queen Anne's, Talbot, Somerset, Wicomico, and Worcester Counties. Montgomery County is comprised of Montgomery County.

Southern Maryland is comprised of Charles, Calvert, Prince George's and St. Mary's Counties.

Western Maryland is comprised of Allegany, Frederick, Garrett, and Washington Counties.

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